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CONFIRMATION NO. 3694

<b>SERIAL NUMBER</b> 10/606,117	<b>FILING OR 371(c) DATE</b> 06/24/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 3614/172
<b>APPLICANTS</b> Alan Y. Chow, Wheaton, IL;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/056,793 01/23/2002 PAT 7,031,776 which claims benefit of 60/301,877 06/29/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 11/03/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 39
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> 23418				
<b>TITLE</b> Methods and apparatus for treatment of degenerative retinal disease via indirect electrical stimulation				
<b>FILING FEE RECEIVED</b> 707	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	